



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7009 1410 0000 2303 7373

May 7, 2010

Beverly Jacobsen, Administrator
Gunderson Gardens
215 Huseth Street
Kenyon, MN 55946

Re: Results of State Licensing Survey

Dear Ms. Jacobsen:

The above agency was surveyed on April 5, 6, and 7, 2010, for the purpose of assessing compliance with state licensing regulations. State licensing orders are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me. If further clarification is necessary, an informal conference can be arranged.

A final version of the Correction Order form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call our office with any questions at (651) 201-4309.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Nelson", is written above the typed name.

Patricia Nelson, Supervisor
Home Care & Assisted Living Program

Enclosures

cc: Goodhue County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Deb Peterson, Office of the Attorney General

01/07 CMR3199

Division of Compliance Monitoring Home Care & Assisted Living Program
85 East 7th Place Suite, 220 • PO Box 64900 • St. Paul, MN 55164-0900 • 651-201-5273
General Information: 651-201-5000 or 888-345-0823 • TTY: 651-201-5797 • Minnesota Relay Service: 800-627-3529

<http://www.health.state.mn.us>
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CERTIFIED MAIL #: 7009 1410 0000 2303 7373

FROM: Minnesota Department of Health, Division of Compliance Monitoring
85 East Seventh Place, Suite 220, P.O. Box 64900, St. Paul, Minnesota 55164-0900
Home Care and Assisted Living Program

Handwritten signature of Patricia Nelson

Patricia Nelson, Supervisor - (651) 201-4309

TO: BEVERLY JACOBSEN DATE: May 7, 2010
PROVIDER: GUNDERSON GARDENS COUNTY: GOODHUE
ADDRESS: 215 HUSETH STREET HFID: 23397
KENYON, MN 55946

On April 5, 6 and 7, 2010, a surveyor of this Department's staff visited the above provider and the following correction orders are issued. When corrections are completed please sign and date, make a copy of the form for your records and return the original to the above address.

Signed: _____ Date: _____

In accordance with Minnesota Statute §144A.45, this correction order has been issued pursuant to a survey. If, upon re-survey, it is found that the violation or violations cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items may be considered lack of compliance and subject to a fine.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

1. MN Rule 4668.0815 Subp. 4

Based on record review and interview, the licensee failed to provide a complete service plan for one of one client's (#1) record reviewed. The findings include:

Client #1 was admitted January 5, 2010, and began receiving central storage of medication January 8, 2010. The service plan, dated January 8, 2010, did not include central storage of medication. Also, the contingency action plan did not include the circumstances in which emergency medical services were not to be summoned. Client #1 had requested a do not resuscitate order on February 11, 2010.

When interviewed April 6, 2010, employee A/a registered nurse consultant indicated most of the client's service plans were incomplete, but they had started the process of doing new assessments and service plans.

TO COMPLY: The service plan required under subpart 1 must include:

- A. a description of the assisted living home care service or services to be provided and the frequency of each service, according to the individualized evaluation required under subpart 1;
- B. the identification of the persons or categories of persons who are to provide the services;
- C. the schedule or frequency of sessions of supervision or monitoring required by law, rule, or the client's condition for the services or the persons providing those services, if any;
- D. the fees for each service; and
- E. a plan for contingency action that includes:
 - (1) the action to be taken by the class F home care provider licensee, client, and responsible person if scheduled services cannot be provided;
 - (2) the method for a client or responsible person to contact a representative of the class F home care provider licensee whenever staff are providing services;
 - (3) the name and telephone number of the person to contact in case of an emergency or significant adverse change in the client's condition;
 - (4) the method for the class F home care provider licensee to contact a responsible person of the client, if any; and
 - (5) the circumstances in which emergency medical services are not to be summoned, consistent with Minnesota Statutes, chapters 145B and 145C, and declarations made by the client under those chapters.

TIME PERIOD FOR CORRECTION: Thirty (30) days

2. MN Rule 4668.0855 Subp. 9

Based on record review and interview, the licensee failed to have complete medication records for two of two clients' records (#1 and #2) reviewed and failed to administer medications as prescribed for one of two clients (#2) observed receiving medication administration. The findings include:

Client #1 and #2 began receiving assistance with medication administration January 8, 2010, and December 26, 2008, respectively. There was no documentation of the name, date, time, dosage, or method of administration for client #1's medications which included Glipizide (antidiabetic) and Levothyroxine (thyroid hormone) or client #2's eleven medications which included Glipizide, Lasix (diuretic) and Toprol (antihypertensive). The March and April 2010 medication administration record (MAR) noted "Medication Dosage Box and Orientation to Med Box," which is where the unlicensed direct care staff initialed the medications as given on each day. The facility's policy and procedure for medication documentation stated the RN (registered nurse) or LPN (licensed practical nurse) was to transcribe the medication order onto the MAR. When interviewed April 6, 2010, employee A/RN

consultant stated that the medication profile (neither client #1's nor client #2's MAR referred to the medication profile) indicated what medication was given, and verified the facility policy was not being followed.

During observation of the medication pass on April 7, 2010, at approximately 9:00 a.m. employee D explained to the surveyor she was going to administer client #2's Cosopt (eye drops for glaucoma) and then go back later and put in the Natural Tears eye drops. The MAR on which the eye drops were documented read Natural Tears both eyes QD (everyday) 8:00 a.m., CoSopt Eye drops both eyes BID (twice daily) "5 minutes after Natural Tears." The physician's orders, dated February 25, 2010, stated CoSopt 2-0.5% 1 drop BID a.m. and p.m. and Natural Tears 1 drop every a.m. When interviewed regarding the potential error, employee D indicated she didn't see the instructions to administer the Natural Tears eye drops five minutes after administering the CoSopt eye drops, but thought it would have been more soothing to put the CoSopt eye drops in first. She indicated she had read the profile, but the previous nurse didn't have them administer the CoSopt dye drops after the Natural Tears eye drops. When interviewed April 6, 2010, employee A/RN consultant said she had explained to employee D the reason for putting the Natural Tears eye drops in first and then waiting to administer the prescription eye drops later.

TO COMPLY: The name, date, time, quantity of dosage, and the method of administration of all prescribed legend and over-the-counter medications, and the signature and title of the authorized person who provided assistance with self-administration of medication or medication administration must be recorded in the client's record following the assistance with self-administration of medication or medication administration. If assistance with self-administration of medication or medication administration was not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided.

TIME PERIOD FOR CORRECTION: Fourteen (14) days

3. MN Statute §626.557 Subd. 14(b)

Based on record review and interview, the licensee failed to develop an individualized abuse prevention plan for one of two clients' (#1) records reviewed. The findings include:

Client #1 began receiving medication administration and blood sugar monitoring January 8, 2010. The admission registered nurse (RN) evaluation, dated January 5, 2010, indicated vulnerabilities in orientation, memory loss and hearing. On January 5, 2010, the RN completed other assessments including a client vulnerability and safety assessment which indicated vision and hearing vulnerabilities; a vulnerable adult assessment which indicated the client was confused or disoriented; and a resident needs assessment which indicated the client had short term memory, moderate impairment for decision-making, and severe hearing and vision loss. The plan did not include specific measures to minimize the risk of abuse to the client or other vulnerable adults.

When interviewed April 6, 2010, employee A/RN consultant indicated she had done an audit of client records and found other vulnerable adult assessments that did not include specific measures to be taken to minimize the risk of abuse.

TO COMPLY: Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

TIME PERIOD FOR CORRECTION: Thirty (30) days

4. MN Statute §144A.44 Subd. 1(2)

Based on observation, record review and interview, the licensee failed to provide services according to acceptable medical and nursing standards for four of four clients' (#1, #2, #4 and #8) whose medication set-up, blood sugar check or eye drop administration was observed. The findings include:

During observation of medication set-up for client #1 on April 7, 2010, at 8:15 a.m. employee D was observed to get pill boxes out of a locked cupboard in the medication room, pour medications into souffle cups and then she use alcohol gel to cleanse her hands. Employee D did not wash her hands prior to the medication set up. Employee D put the pill box back into the cupboard, walked to the client's room, knocked on the door and opened the door, and then administered the medications. Employee D did not wash or gel her hands and proceeded to perform a blood sugar check for client #1. During the blood sugar check Employee D dropped the alcohol wipe on the floor, picked it up off the floor, and threw it away. She was then observed to pick up from the counter, an already used alcohol wipe and wipe blood off client #1's finger. She then re-squeezed his finger, picked up the blood sugar machine, put the strip in the machine and tested the blood. Employee D had not washed her hands after picking up the alcohol wipe off of the floor and before performing the blood sugar check.

Employee D was then observed to set up medications for clients #4 and #8 on April 7, 2010, at 8:30 a.m. without first washing her hands. The facility's handwashing procedure stated "hand-washing shall be performed between resident cares and whenever direct physical contact of residents takes place."

During the administration of eye drops for client #2 on April 7, 2010, employee D washed her hands in the client's bathroom and used the personal cloth towel of client #2 to wipe her hands before and after the procedure.

When interviewed April 7, 2010, employee A/registered nurse consultant also indicated she had not seen employee D wash her hands prior to the set up of the medications.

TO COMPLY: A person who receives home care services has these rights:
(2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services;

TIME PERIOD FOR CORRECTION: Thirty (30) days

cc: Goodhue County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Deb Peterson, Office of the Attorney General



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1361

March 16, 2006

John Boughton, Administrator
Gunderson Gardens
215 Huseh Street
Kenyon, MN 55946

Re: Licensing Follow Up Revisit

Dear Mr. Boughton:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on February 23, 2006.

The documents checked below are enclosed.

- Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: David Hjernstad, President Governing Board
Goodhue County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Case Mix Review File

10/04 FPC1000CMR

**Minnesota Department Of Health
Health Policy, Information and Compliance Monitoring Division
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

PROVIDER: GUNDERSON GARDENS

DATE OF SURVEY: February 23, 2006

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER:
ALHCP

NAMES AND TITLES OF PERSONS INTERVIEWED:

John Broughton, Administrator
Alice Syverson, RN (Contracted)
Pat Flom, HHA

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X (Follow-up #2) _____

ITEMS NOTED AND DISCUSSED:

1) An unannounced visit was made to follow up on the status of a state licensing order issued as a result of a visit made on February 24, 25, 28, and March 1, 2005, and a follow up visit on October 24, 2005. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the correction order issued on February 24, 25, 28, and March 1, 2005, is as follows:

4. MN Rule 4668.0825 Subp. 4

Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9212

November 23, 2005

John Boughton, Administrator
Gunderson Gardens
215 Huseth Street
Kenyon, MN 55946

Re: Licensing Follow Up Revisit

Dear Mr. Boughton:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on October 24, 2005.

The documents checked below are enclosed.

- Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Chuck Voxland, President Governing Board
Goodhue County Social Services
Gloria Lehnertz, Minnesota Department of Human Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Jocelyn Olson, Assistant Attorney General
Mary Henderson, Program Assurance Unit
Case Mix Review File

10/04 FPC1000CMR



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9212

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS
FOR ASSISTED LIVING HOME CARE PROVIDERS**

November 23, 2005

John Boughton, Administrator
Gunderson Gardens
215 Huseth Street
Kenyon, MN 55946

RE: QL23397001

Dear Mr. Boughton:

On October 24, 2005 a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders issued during an survey completed on February 24, 25, 28 and March 1, 2005 with correction orders received by you on August 17, 2005.

The following correction orders were not corrected in the time period allowed for correction:

4. MN Rule 4668.0825 Subp. 4

\$350.00

Based on record review and interview, the licensee failed to ensure that unlicensed personnel were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure and demonstrated to the RN that he/she was competent to perform the procedure for one of three clients (#3) records reviewed. The findings include:

Client #3's record indicated that on February 17, 2005, an ambulation and range of motion exercise program was developed for the client. The unlicensed personnel were to assist the client with the exercise program on a daily basis. Documentation on the "Daily Documentation" record indicated that employee #4 assisted client #3 with his exercise program on February 19 and 20, 2005.

Employee #4, a home health aide, was interviewed on February 28, 2005. When asked how she was trained in client #3's exercise program, employee #4 stated that another home health aide, employee #5, showed her written instructions on the exercises she was to assist the client with.

Registered Nurse #1 was interviewed on February 24, 2005, and confirmed that she had not instructed employee #4 on client #3's exercise program and employee #4 had not demonstrated to her that she was competent to perform the procedure prior to performing the procedure on client #3.

TO COMPLY: A person who satisfies the requirements of part [4668.0835](#), subpart 2, may perform delegated nursing procedures if:

- A. before performing the procedures, the person is instructed by a registered nurse in the proper methods to perform the procedures with respect to each client;
- B. a registered nurse specifies in writing specific instructions for performing the procedures for each client;
- C. before performing the procedures, the person demonstrates to a registered nurse the person's ability to competently follow the procedures;
- D. the procedures for each client are documented in the client's record; and
- E. the assisted living home care provider licensee retains documentation by the registered nurse regarding the person's demonstrated competency.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$350.00.

herefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), the total amount you are assessed is: \$ 350.00. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to this Department within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the (correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

November 23, 2005
Gunderson Gardens
215 Huseth Street
Kenyon, MN 55946

Page 3 of 3

Sincerely,

Jean Johnston
Program Manager
Case Mix Review Program

cc: Chuck Voxland, President Governing Board
Goodhue County Social Services
Gloria Lehnertz, Minnesota Department of Human Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Jocelyn Olson, Assistant Attorney General
Mary Henderson, Program Assurance Unit
Case Mix Review File

12/04 FPCCMR 2697

**Minnesota Department Of Health
Health Policy, Information and Compliance Monitoring Division
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

PROVIDER: GUNDERSON GARDENS

DATE OF SURVEY: October 24, 2005

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER:
ALHCP

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to follow up on the status of state licensing orders issued as a result of a visit made on February 24, 25, 28, and March 1, 2005. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

1. MN Rule 4668.0019	Corrected	
2. MN Rule 4668.0815 Subp. 3	Corrected	
3. MN Rule 4668.0815 Subp. 4	Corrected	
4. MN Rule 4668.0825 Subp. 4	Not Corrected	Fine \$350.00

Based on interview and record review, the licensee failed to ensure that unlicensed personnel were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure and demonstrated competency to the RN for one of two clients (#4) records reviewed who were receiving delegated nursing tasks. The findings include:

Client #4's record indicated that on February 10, 2005, a lower extremity exercise program was developed for the client. The unlicensed personnel were to assist the client with the exercise program, two times per day. Documentation on the home health aide flow sheets indicated that employee A, an unlicensed staff person assisted client #4 with her exercise program on October 1, 2, 6, 7, 13, 14, and 17, 2005.

When questioned on October 24, 2005 regarding her training related to client #4's exercise program, employee A stated that she saw written instructions of exercises in client #4's book, so she assumed these were the exercises she was to assist the client with. When asked if she had been instructed by the RN in the exercises, and demonstrated to the RN that she was competent to perform the exercise program, she stated that she had not. Employee A stated the licensee had employed her for approximately one month.

When interviewed, October 24, 2005, the RN stated that she thought she had instructed employee A on client #1's exercise program, and that she thought employee A had demonstrated to her that she was competent to perform the procedure, but stated that if employee A stated she had not, she must have overlooked it.



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4177

August 16, 2005

Murray Finger, Administrator
Gunderson Gardens
215 Huseth Street
Kenyon, MN 55946

Re: Results of State Licensing Survey

Dear Mr. Finger:

The above agency was surveyed on February 24, 25, 28, and March 1, 2005 for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Chuck Voxland, President Governing Body
Kelly Crawford, Minnesota Department of Human Services
Goodhue County Social Services
Sherilyn Moe, Office of the Ombudsman
CMR File

CMR 3199 6/04



Assisted Living Home Care Provider
LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use the Licensing Survey Form during an on-site visit to evaluate the care provided by Assisted Living home care providers (ALHCP). The ALHCP licensee may also use the form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview ALHCP staff, make observations, and review some of the agency's documentation. The nurses may also talk to clients and/or their representatives. This is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living services. Completing the Licensing Survey Form in advance may expedite the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: Gunderson Gardens

HFID #: 23397

Date(s) of Survey: February 24, 25, 28, and March 1, 2005

Project #: QL23397001

Indicators of Compliance	Outcomes Observed	Comments
1. The agency only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. (MN Rules 4668.0050, 4668.0800 Subpart 3, 4668.0815, 4668.0825, 4668.0845, 4668.0865)	Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understands what care will be provided and what it costs.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgment in the client's clinical record to show that the BOR was received (or why acknowledgment could not be obtained).</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)	Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A
9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)	Clients are given information about other home care services available, if needed. Agency staff follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.	<input type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17) <u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.	The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

Survey Results:

_____ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
1	MN Rule 4668.0815 Subp. 4 Contents of the Service Plan	X	X	<p>Based on record review and interview, the licensee failed to ensure that the service plan included the frequency a service was to be provided, who was to provide the service, and the fees for the service. for two of three clients (#1, and #3) records reviewed, The findings include:</p> <p>Client #1's service plan dated December 6, 2004, indicated that the Home Health Aide (HHA) was to assist the client with bathing, and the Registered Nurse (RN) was to provide medication set-up. The frequency of the bathing assistance was not listed, nor was the frequency of medication set-up by the RN. The client's service plan identified that the client was to be assisted with four loads of laundry a month. The person or category of persons who were to provide the laundry assistance was not identified on the service plan.</p> <p>Client #3's service plan dated December 11, 2004 listed the following services to be provided: "Med Set-Up, Med. Administration, Breakfast Daily," and "Skilled RN visit PRN (as needed)." The service plan did not include the frequency of the medication set-up and medication administration, nor did it identify the person or category of persons who were to provide the services. In addition, the fee for the PRN skilled RN visit was not listed.</p> <p>When interviewed February 28, 2005,</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>the Housing Manager confirmed the lack of completeness of client #1 and #2's service plans.</p> <p><u>Education:</u> Provided.</p>
3	MS §144A.46 Subd. 5(b) Criminal Background Studies		X	<p><u>Education:</u> Provided.</p>
6	MN Rule 4668.0815 Subp. 3 Modifications to the Service Plan	X	X	<p>Based on record review and interview the licensee failed to ensure that modifications to the client's service plan were authenticated by the client, or the client's responsible person, for two of three clients' (#1 and #3) records reviewed, who had modifications to their service plans. The findings include:</p> <p>Client #1's service plan dated December 6, 2004, indicated the Registered Nurse (RN) was to set-up the client's medications, and staff were to assist the client with her oxygen, bathing and laundry. A notation on a form titled, "Modifications to the Service Plan" indicated that on January 1, 2005 the service of staff assisting the client with her oxygen was discontinued. A notation on this form dated February 1, 2005 indicated that medication set-up was discontinued. An additional notation, which was not dated, indicated to "add" personal laundry assistance and linen change every other week. The client or the client's responsible person did not authenticate these modifications.</p> <p>Client #3's service plan dated December 11, 2004, indicated that the services provided were "Med set up, Med. administration, Breakfast daily, and Skilled RN (registered nurse) visit prn (as needed)." A form</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>titled, "Modifications to the Service Plan" indicated two undated additions to the client's service plan, which were a daily evening meal and assistance with laundry every other week. The client or the client's responsible person did not authenticate these modifications.</p> <p>When interviewed February 28, 2005, the Housing Manager verified that the modifications had been instituted and confirmed that both client #1 and #3 had not signed their service plans to acknowledge that they had agreed to the modifications.</p> <p><u>Education:</u> Provided</p>
7	MN Rule 4668.0825 Subp. 4 Performance of Delegated Nursing Procedures	X	X	<p>Based on record review and interview, the licensee failed to ensure that unlicensed personnel were instructed by the registered nurse (RN) in the proper method to perform a delegated nursing procedure and demonstrated to the RN that he/she was competent to perform the procedure for one of three clients (#3) records reviewed. The findings include:</p> <p>Client #3's record indicated that on February 17, 2005, an ambulation and range of motion exercise program was developed for the client. The unlicensed personnel were to assist the client with the exercise program on a daily basis. Documentation on the "Daily Documentation" record indicated that employee #4 assisted client #3 with his exercise program on February 19 and 20, 2005.</p> <p>Employee #4, a home health aide, was interviewed on February 28, 2005. When asked how she was trained in client #3's exercise program, employee #4 stated that another home</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>health aide, employee #5, showed her written instructions on the exercises she was to assist the client with.</p> <p>Registered Nurse #1 was interviewed on February 24, 2005, and confirmed that she had not instructed employee #4 on client #3's exercise program and employee #4 had not demonstrated to her that she was competent to perform the procedure prior to performing the procedure on client #3.</p> <p><u>Education:</u> Provided</p>
9	MN Rule 4668.0970 Disposition of Medications Upon Discharge		X	<u>Education:</u> Provided.
	MN Rule 4668.0019 Advertising	X	X	<p>Based on interview and review of the licensee's "Tenant Handbook," the licensee failed to ensure that information included in the handbook was not misleading concerning the hours that a staff person was on duty at the facility. The findings include:</p> <p>The "Tenant's Handbook" under the area, "Health Supervision and Nursing Services," stated "Staff is on duty 24 hours a day, 365 days a year."</p> <p>An interview with the Housing Manager on February 28, 2005 confirmed that the licensee did not have staff on duty, twenty-four hours a day, three hundred sixty-five days a year. The Housing Manager stated that a home health aide was scheduled to work at the facility thirty-two hours a week from approximately 8:30 a.m. until 2:00 p.m. every day. The Housing Manager stated that the registered nurse was contracted and not always at the facility to provide "Health Supervision" twenty-four hours a day, three hundred sixty-five days a year. The Housing Manager</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>stated that after 2:00 p.m., a nursing assistant from the attached skilled nursing facility would answer emergency calls only. The Housing Manager stated that these nursing assistants were not the licensee's staff.</p> <p><u>Education:</u> Provided.</p>

A draft copy of this completed form was left with Beverly Jacobsen, Housing Manager at an exit conference on March 1, 2005. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the website:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes) <http://www.revisor.leg.state.mn.us/arule/> (for MN Rules).

(Form Revision 7/04)